

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90009 044 ***550.00

DOCUMENT # *P18999*

1. Entity Name
 NACHI AMERICA, INC.

Principal Place of Business **Mailing Address**
 5022 WEST 79TH STREET 5022 WEST 79TH STREET
 INDIANAPOLIS, IN 46268 INDIANAPOLIS, IN 46268

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

C0071557

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
 13-1968862 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

Name
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD NAME MURASE, JIRO STREET ADDRESS 399 PARK AVENUE CITY - ST - ZIP NEW YORK, NY 07450	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY NAME SUGIURA, TOSHIO STREET ADDRESS 5022 WEST 79TH STREET CITY - ST - ZIP INDIANAPOLIS, IN 46268	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PRESIDENT NAME ITO, SHOHEI STREET ADDRESS 180 GOVERNORS LANE CITY - ST - ZIP ZIONSVILLE, IN 46077	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE PRESIDENT NAME NAKASHIMA, HIDEHIRO STREET ADDRESS 12847 FLEETWOOD DRIVE CITY - ST - ZIP S. CARMEL, IN 46032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SECRETARY NAME SUGIURA, TOSHIO STREET ADDRESS 5022 WEST 79TH STREET CITY - ST - ZIP INDIANAPOLIS, IN 46268	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hidehiro Nakashima* *06/14/2001*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #